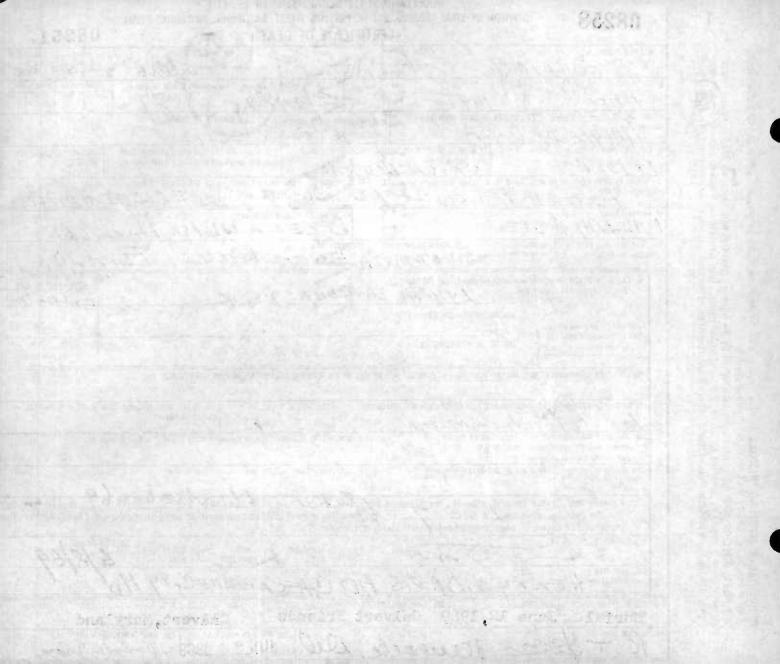
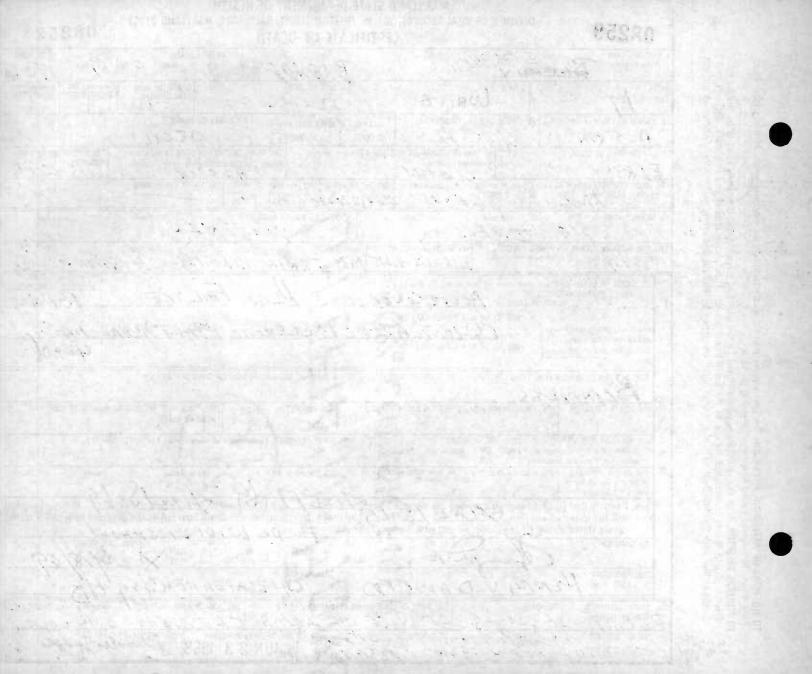
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			CERTIFICATE OF DEATH 08251
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	requires that the death certificate be executed within 24 hours after death g physicion. signed by the ottending physician and completely filled in by the funeral surgingly burial-transit permit. Then please remove carbon papers, Pages and 2 burial, cremation, or removal, and in any event, within 72 hours are death.	130. adm	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY CAS FLE NEW ARC YES NO 20 E CLEVEL AND AVE
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	rtificate bhysicia en pleas	16a. Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 221-67-59834 HOSPITAL RECORDS LIKTORITO
	eoth ce inding print. The or remo	1000	18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LYHPHY SARCOHA NECK APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	ficate for u	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 19 19 19 19 19 19 1
	G PHYSIC the hospi this certi detoched te Dept. o	ME	21d. INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
	OR ATTENDING be retained by th NRECTOR: After to a 3 should be de ed with the Stote		22a. I certify that (I) (this hospital) attended the deceased from 19, 1966, to 2002 195, that (I) (we) last saw the deceased give any 19 2 and that in (my) (gur) appriagn death accurred an the date and hour and from the
•	R ATTENT retained RECTOR: A 3 should with the		22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
	RAL DIE		22d. PHYSICIAN'S NAME (Type) ## RULL OF A PHYSIC
	TO HOSPITAL OR ATTEN Poge 4 may be retained TO FUNERAL DIRECTOR: A director, poge 3 should should be filed with the	230.	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	VR A15 (4) 45M - 1/69	24.	FUNERAL DIRECTOR / ADDRESS / 250, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
	45M - 1/69		K. T JULIOS TELLECELE, Wel DATUN 2 4 1969 goliandes Junga



MAKILAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08259 08252 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost 2o. DATE OF DEATH 2b. HOUR death. requires that the death certificate be executed within 24 haurs after death Month / Day ician and campletely filled in by the funeral lease remane carbon papers. Pages 1 and and in any event, within 72 haurs after deat (Type or print) 4 RACE S. DATE OF BIRTH 3. SFX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NHITE last birthday) ZHTNOM OAYS HOURS YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED CEC11 WIDOWED DIVORCED [physician and campletely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast af warking life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER STATE 13b. COUNTY YES 🗀 NO. 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle 16b. SOCIAL SECURITY NO 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no. oranknown) ar remava 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) burial, cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave t ONICARTEROSCLEROT burial-transit rise to immediate couse (o). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse physician PART 20THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending priar ta has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING for use as CAUSES OF DEATH? YES [NO F Health 1 O HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State OFFICE BUILDING FTC While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from saw the deceased glive an X 1968 and that in (my) (aur) apinion death occurred on the dote and hour and from the shauld causes stated obave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE director, page should be filed PHYS. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b. DATE 23d. LOCATION (City or Town) REMOVAL (Specify) FUNERAL DIRECTOR



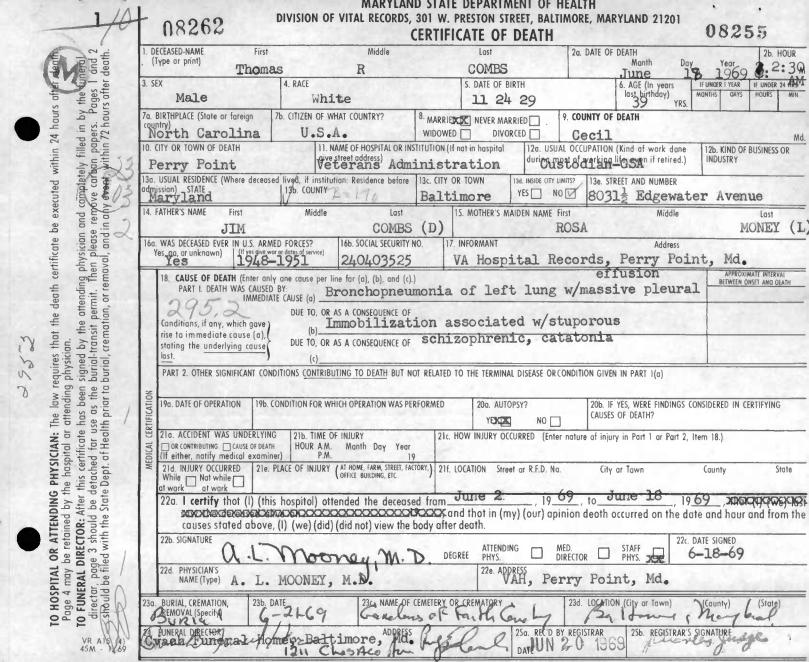
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08260 08253 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE OF DEATH Lost 2b. HOUR and completely filled in by the funeral remove corbon popers. Pages 1 and 2 names after death, in any event, within #2 hauss after death. executed within 24 hours after deoth (Type or print) June Month 18001 96 gar Lydia Maxwell Cameron 6. AGE (In years 3 SEX 4. RACE 5. DATE OF BIRTH IF UNGER 1 YEAR MONTHS DAYS HOURS Female White Sept. 25, 1880 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Cecil Co.Md. U.S.A. WIDOWED X Cecil DIVORCED [7] 12a. USUAL OCCUPATION (Kind of work dane during mast of warking life, even if retired.) Housewife 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital burial, cremotion, or removal, and in any event, within 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address)
Main Own Home Rising Sun 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO [E. Main Street Cecil Rising Sun 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Middle uires that the death certificate by Maxwell Unknown James the attending physician sit permit. Then please 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no or unknown) (II yes give war or dates of service) Rising Sun. Md. R.D. Mary Mahoney 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the attendi burial-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **TO HOSPITAL OR ATTENDING PHYSICIAN;** The low re Page 4 moy be retained by the hospitol or attending Heolth prior to for use os the CERTIFICATION 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO C 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year director, page 3 should be detached f should be filed with the State Dept. of P.M. (If either, notify medical exominer) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while ot work 22a. I certify that (1) (this hospital) attended the deceased from _______, 19_____, to ______, 19_____, that (1) (we) lost saw the deceased alive an _______, 19_____, ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) (we) (did) (did not) view the bady ofter death. O FUNERAL DIRECTOR: After 20 SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M (DEGREE June 19,1969 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Ernest W. Seiter Rising Sun, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) June 21.869 West Nottingham Colora Cecil 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. EUNERAL DIRECTOR VR A15 (4) len Rising Sun, Md. DATUN 2 3 30M REV. 1/68

MAKTLAND STATE DEPAKTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08261 08254 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR (Type or print) June Edward MMN CHICHESTER 4:30% 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS the death certificate be executed within 24 haurs after rsician and camptetely filled in by the please remove carban papers. Pages last birthday) DAYS MONTHS HOURS Male Negro July 24. 1.896 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH country) Virginia U.S.A. WIDOWED [DIVORCED Cecil 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind af work done 12b. KIND OF BUSINESS OR give street oddress A HOSPITAL during most af working life, even if retired.) **INDUSTRY** Perry Point Hospital 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER county 44 Fourth Street NOTES Warrenton and in any 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle physician and Lost James Chichester Grace Black 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no, or unknown) (If yes give war or dates of service) VA Hospital Records, Perry Point, Md. 224-16-6482 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter anly ane couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE (AUSE (a) Cancer of stomach w/liver metastasis 10 crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ? burial-transit that rise ta immediate cause (o), by DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying cause signed PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending use as the O FUNERAL DIRECTOR: After this certificate has been prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T YES [Health Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 1B.) TO OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year af P.M. (If either, natify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while ot wark OR ATTENDING 22a. I certify that XIX (this hospital) attended the deceased fram May 7, 1909 to June 2. causes stated abave XII (we) (did) (did) (view the body after death. 22b. SIGNATURE 22r. DATE SIGNED ATTENDING STAFF PHYS. DEGREE directar, page shauld be filed ed PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS VAH. Perry Point, Md. NAME (Type) IRINA REUS. M.D. 23o. BURIAL CREMATION. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08263 08256 CERTIFICATE OF DEATH 1. DECEASED-NAME First Last Middle death. 2g. DATE OF DEATH 2b. HOUR (Type or print) Month John COWAN June 1969 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS DAYS Male White 12-10-25 13 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED within 24 ho country) Karban papers. Tenn. U.S.A. WIDOWED [7] DIVORCED-Cecil and completely filled remave carban pape within 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) **Carpenter** give street address) Perry Point VA Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed admission) STATE 13b. COUNTY YES NO 332 N. Columbia St.. Alexandria Virginia 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last pe and in John R. Cowan (Dec Annie Turner (Deceased) physician (requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (if yes give war or dates of service) ar remaval, 224-36-76-03 VA Hospital Records - Perry Point. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Bronchopneumonia, bilateral severe IMMEDIATE CAUSE (a) crematian, Carcinoma of right lung with DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave metastases to liver. burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes signed b burial, (last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b Health priar tab be retained by the haspital or attending this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year If either, natify medical examiner) 3 should be detached with the State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Nat while OR ATTENDING TO FUNERAL DIRECTOR: After 220. I certify that (1) (this haspital) attended the deceased from 4-30-69, 19, to 6-24-69, 19 and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 shauld be filed v Obney M.D DEGREE 6-24-69 PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) A. L. Mooney, M.D. VA Hospital - Perry Point, Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE (County) (State) King 127. d969 Culpeper National Culpeper, Virginia 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE CuppinghaterRiberas Misseles Judge 1969

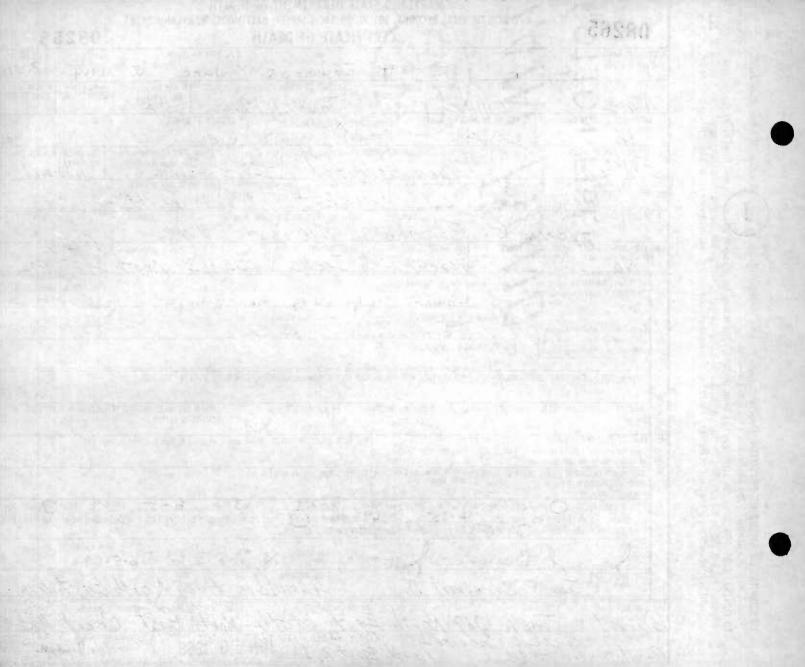
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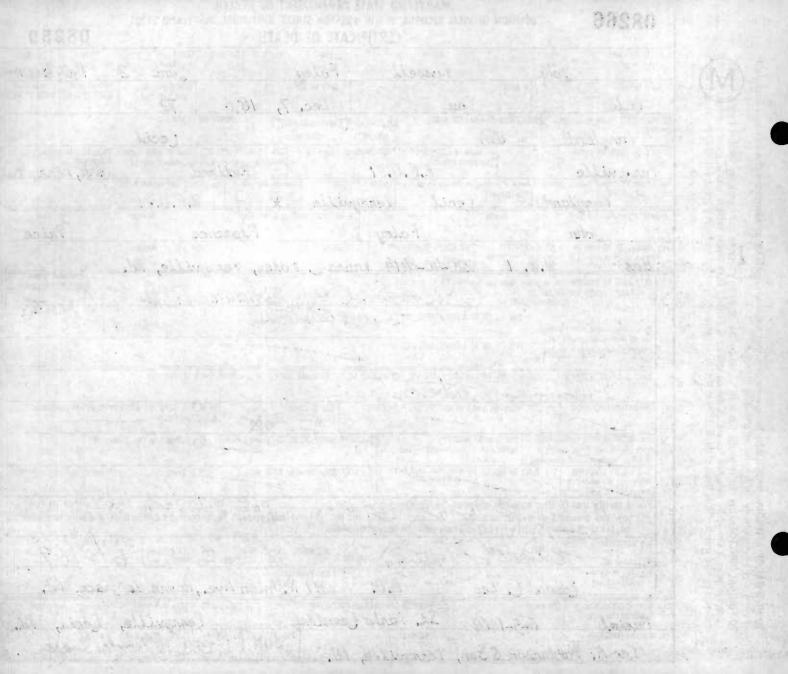
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			08264 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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	ph hen nav		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
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	Aft Aft Steel		22a. I certify that (1) (this haspital) attended the deceased from Co. 1967, to JUNE 2, 1969, and that in (my) (aur) apiman death accurred an the deceased alive an Survey and the deceased alive are alive and the deceased alive and the deceased alive aliv	that (I) (we) las
410	R: Buld		causes stated abave, (I) (we) (did) (did not) view the bady after death.	are and have and from the
	AT etail		22b. SIGNATURE	. DARE SIGNED
	d 3 3 d		CV'S DEGREE PHYS. DIRECTOR DIRECTOR PHYS. D	Que 1- 919
	Fige by			1 16/
	RA RA		22d. PHYSICIAN'S NAME (1908) 1. BULL NO ONE MY 22e. AUTO-SES CAPEAKTE CLOSE	Man
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physidirector, page 3 shauld be detached for use as the burial-transit permit. Then plandly be filed with the State Dept. af Health prior ta burial, crematian, ar remaval,	230	BURIAL, CREMATION, 23b. DATY 23c, MAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town)	(County) (State)
	Sha Sha	1	PENNY (SPECY) 7/2/69 LOVIES TOWN CEMENT OF CHILLER ON CREMATION (CITY OF TOWN)	12 1
	F - F	30	FUNERAL DIRECTOR ADDRESS - LANGE NO 250. REC'D BY REGISTRAR 25b. REGISTRAR	
	VR A15 (4) 45M - 1/69	1	10h C. Kurchan H. F.	
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	fe executed within 24 hours after death. and completely filled in by the funeral remave corban papers. Pages 1 and 2 in any event. within 72 hours after death.	cour		(1.5)	4	WIDOWED	DIVORCED T	Ceci	7		Md.
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	physician. physician. signed by the attending physician and completely fisburial-transit permit. Then please remave carbon burial, crematian, ar remaval, and in any event with	L	-/Ktox		ve street address)	LOSPIT	during	nast of working lif	e, even if retired.)	INDUSTRY	oal
	car car	13o. admi	USUAL RESIDENCE (Where de	eceased lived, if institution in the country	tution: Residence before	13c. CITY OR T		LIMITS? 13e. STREI	ET AND NUMBER	27	
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	ne death certific attending phys permit. Then p ian, ar remaval,		10 CAUSE OF DEATH (France	or only one source		2.7	76/16/11.6	oward.	_/YOY/H	APPROXIN	MATE INTERVAL
	ding ding ren		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	AUSED BY:	1			3000		BETWEEN ON	NSET AND DEATH
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3	ng pan sen sen sen sen sen sen sen sen sen se	z		THE STATE OF							
0	law endin bee ts th	ATIO	19a. DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION WAS PER	FORMED	20a. AUTOPSY?	20b. IF Y	S, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
1	The after that has a lith pr	CERTIFICATION					YES NO	CAUSES O	F DEATH?		
	ar are		210. ACCIDENT WAS UNDER		OF INJURY	21c. HOW	INJURY OCCURRED (Ent	er nature of injury	in Part 1 ar Part 2,	Item 18.)	
	Pital pital pital di fe of H	MEDICAL	OR CONTRIBUTING CAUSE OF	caminer) P.M	A. 19						
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	the det										
	by Affer Star Star		22a. I certify that (1) saw the deceose causes stated ob	(this haspital) a	ttended the decease	d from	that in (200) (200) ar	65 , to	6 - 5 , 19	_69_, that	(we) last
	R: /		causes stated ob	ave,(())(we)(dir	(did not) view the	ady after de	oth.	omon deom occ	urrea on the a	ote ond nour o	ing from the
	AT: CTO Sho sho vith		22b. NGNATURE	0	0	,		4450		DATE SIGNED	
	OR be r be r olk be r ded v		Jan &	1. Ban	1 Laurel	T.D. DEGREE	ATTENDING PHYS.	MED. DIRECTOR	HYS. D 6-5	1-69	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to		22d. PHYSICIAN NAME (Type) Jay	S. Bar	whart Jr.		if Maula	in Ave	North	East	-Md.
	O HOS Page 4 O FUNI directo	230	BURIAL, CREMATION, 2 REMOVAL (Sperity)	23b. DATE	23c. NAME OF	EMETERY OR CE	REMATORY	23d. LOCATION	(City or Town)	(County)	(Stote)
	55 5 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3	62	Oral	Time 9 15	969 North	E957	Meth.	North	East (eal.	Md.
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						CERTIFIC	CATE OF D			08259
	₹ ₹ <u>₹</u>	1. D	CEASED-NAME First ype ar print)		Middle		last	20	i. DATE OF DEATH Manth D	2b. HOUR
	\$ (1) B	(ype or print)	n	Russel	1	toley		June 2	2 1909 F UUT M
	P (TAP)	3. SE	X	4. RACE			S. DATE OF BIRT	TH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	s of		Male		Cau		Dec.	7, 189	6 /2 YRS	
	by by		BIRTHPLACE (State or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARR	1ED 9. CO	OUNTY OF DEATH	
	d in pers		Paryland.	USA		WIDOWED			(ecil	Md.
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tempor e. 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and sed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs attended.	10. 0	ITY OR TOWN OF DEATH		street oddress	ISTITUTION (If	nat in haspital		CUPATION (Kind of work done	
	d of the part of t		Perruville		R.F.	0.#1			f working life, even if retired.	VAH, Ferry Poi
	ed plet car	13a.	USUAL RESIDENCE (Where decea issian) STATE	sed lived, if institu	tian: Residence befare	13c. CITY OF		3d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	, ,
	om com	duin	Paryland	13b. Coditii	(ecil	renny	VILLE	YES NO	R.F.D.#1	
	exe any	14.	ATHER'S NAME First	Middle	Last		S. MOTHER'S MAI		Middle	Last
	d in d		John		to	leu		tho	nence	Price
	an	160	WAS DECEASED EVER IN U.S. AR es, pa, ar unknawn) (If yes giya)	MED FORCES? war, gr, dates of service)	16b. SOCIAL SECURITY		INFORMANT		Address	
	A A TON		Yes W	W	220-40-84	14 10	ura E. I	oley, 1	erryville, Md	APPROXIMATE INTERVAL
	ng re		1B. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly ane cause per l	ine for (a), (b), and (c).) •	- 6)	01		BETWEEN ONSET AND DEATH
	eath mit. arr			ATE CAUSE (a)	un	Cons	201	200	nach	6 months
	att perr ion,		1519		AS A CONSEQUENCE TO	Elh	relast	asio		S romans
	the sit p	П	Canditians, if any, which gave rise to immediate cause (a),	(0)						
	tha an. by tran cren		stating the underlying cause	DUE TO, OR	AS A CONSEQUENCE OF					
13)	equires physicio signed burial-ti burial, c		last.	(c)					TION OF THE BUILDING	
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6	ding een the r to	NO	Pulm	many	nuerce	llo J	20a. AUTOP	9	TOOL IE VEC WEDE EINDINGS	CONSIDERED IN CERTIFYING
1	e la ten ten ten as bas bas as pric	Z	19a. DATE OF OPERATION 19b	. CONDITION FOR WI	HICH OPERATION WAS P	EKPOKMED	YES T	NO NO	CAUSES OF DEATH?	CONSIDERED IN CERTIFICING
1	PHYSICIAN: The law r he hospital ar attending this certificate has been letached far use as the beat, of Health prior to	CERTIFICATION	21a. ACCIDENT WAS UNDERLYI	NG 21b. TIME C	NE INITIDY	21. 1	Logari		ure of injury in Part 1 or Part 2	2 Itam 181
	ol		OR CONTRIBUTING CAUSE-OF DE	TH HOUR A.M.	Month Day Yea		TOW INDUKT OCCU	JAKED (Elliel lidi	are or imply in tout a or roll a	c, nem 10.j
	Spit spit spit spit spit spit spit spit s	MEDICAL	(If either, notify medical exam 21d. INJURY OCCURRED 21e	. PLACE OF INJURY		19 ACTORY \ 216 I	OCATION O Stroot	ar DED Na	City or Town	Caunty State
	ho ho lis c		While Nat while	. PLACE OF INJUNT	AT HOME, FARM, STREET, F OFFICE-BUILDING, ETC.	211. 1	CATION	di K.I.D. Nu.	City of Torrit	County
	de the parties of the		at wark at wark 22a. I certify that (1) (t)	sic bosnital) at	tandad the decad	and from	hlile	1961-	to 6/2/ 1	9.69, that (I) (we) last
	After After be constant		saw the deceased		2	19 69 ar	nd that in (my	(our) opinion		dote and hour and fram the
	DR: puld		causes stated abov	e, (I) (we) (did)	(did not) view the	e body ofter	death.		100,172,34	, , , , , , , , , , , , , , , , , , , ,
	A shared	16	22b. SIGNATURE	1 -01	7	1	ATTENDING	G MED.	STAFF C	c. DATE SIGNED
15.13	OR DIR	<	700	Date	TOOP	DEG DEG	REE PHYS.	DIRECT	OR PHYS.	6/2/0/
	TAL AL Pog e fill		22d. PHYSICIAN'S NAME (Type)	111	·	1.0	22e. ADDR		Ana Harra da	Comon Ad
	SPI 4 n NER tor,	100	Cama			11000			Ave., Havne de	grace, rue
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. of Health prior ta burial, creshauld be filed with the State Dept. of Health prior ta burial, creshauld be according to the state Dept.	230	BURIAL, CREMATION, 23b. REMOVAL (Specify)	DATE		CEMETERY OF			d. LOCATION (City or Town) Perruville	(Caunty) (State)
	5 5 5	24	FUNERAL DIRECTOR	6-5-196	9 ADDRES		Cemeter	25a, REGID BY RE		R'S SIGNATURE
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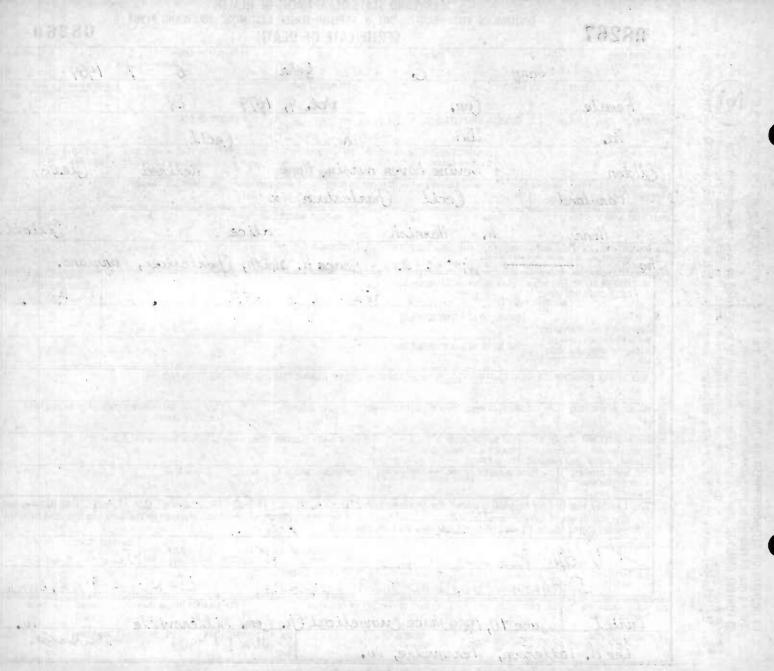


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atter atter	3. S		4. RACE		S. DATE OF BIRTH		. Hot fill Jools		IF UNDER 24 HRS HOURS MIN.
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haur in by rrs. 2 hour		BIRTHPLACE (Stote or foreign ntry)	76. CITIZEN OF WHAT	4	MARRIED NEVER MARRIED	9. COUNTY OF DI	ATH		
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nd de b	160	Henry. . WAS DECEASED EVER IN U.S. AR	MED FORCES?	Harnish b. SOCIAL SECURITY NO.	17. INFORMANT	LCE	Address		mon
ifical nysic al, a			war or dater of consists	02-16-837	3 Grace H. Smit	h. Charle	estown, Ma	duland.	
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ne death ce affending p permit. The ian, ar remo		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	(-), (-), (-),	Generalist ar	turingle	a dala	Unk	ET AND DEATH
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quires that the physician. signed by the burial-transit burial, crema		last.	(c)						
ng ph en sig he bu	N	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTIN	<u>G TO DEATH</u> BUT NOT R	LATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN I	N PART 1(o)		
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or at the house adith		210. ACCIDENT WAS UNDERLYI		IJURY	21c. HOW INJURY OCCURRED (Ent		in Port 1 or Port 2, It	em 18.)	
HYSICIAN: hospital or certificate for u sept. of Health	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	Manth Doy Year					
JING PHYSICIAN: The law reby the hospital or attending ther this certificate has been be detached far use as the State Dept. of Health priar ta	ME		. PLACE OF INJURY (AT	HOME, FARM, STREET, FACTORY, FICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. N	o. City or	Tawn	County	State
ING by t ffer be d		22a 1 certify that (1) (th	nis haspital) attend	ded the deceased f	ramfibris 2, 19	69, ta 30	NE 7, 19	69 , that ((I) (we) las
At OR ATTENDING y be retained by the L DIRECTOR: After a oge 3 shauld be diffled with the State		saw the deceased of causes stated above	alive an 😾 🗘 🛌 e, (I) (wo) (did) (di	id not) view the bad	and that in (my) (oar) are after death.	oinian death acc	urred an the dat	e and haur a	nd fram the
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VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR Lee A. Patt	erson Pe	ADDRESS vrruville. 1	2Sa. REC'D	BY REGISTRAR 198	25b. REGISTRAR'S S	JGNATURE	ue.

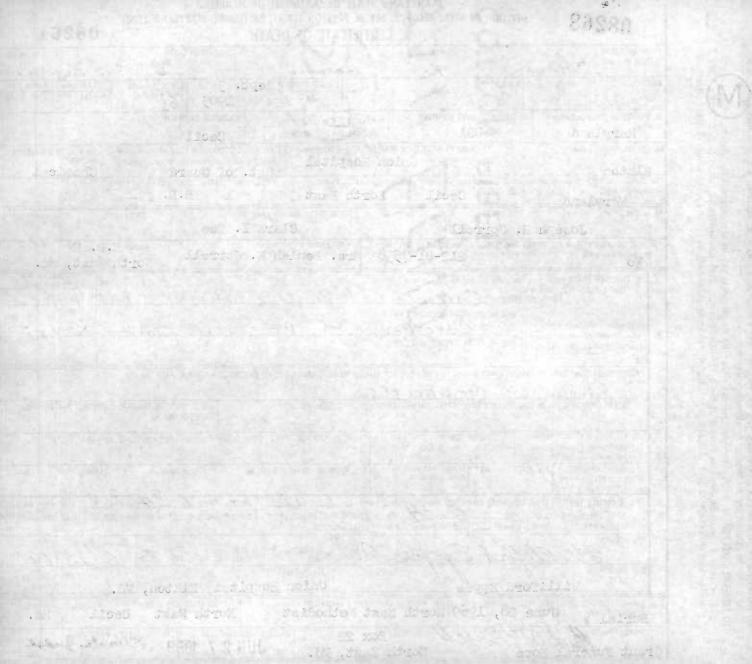
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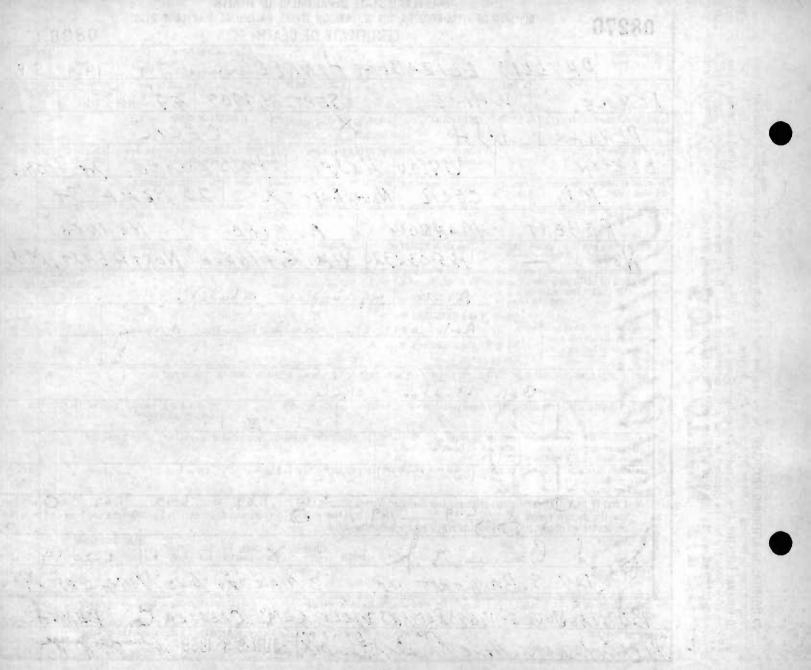
7 1	naryland State department of Health 08268 Division of vital records, 301 w. preston street, Baltimore, Maryland 21201 CERTIFICATE OF DEATH 08261
death.	1. DECEASED-NAME First Middle Last 20. DATE OF DEATH (Type ar print) HARRY F. GORRELL 20. DATE OF DEATH Month Day Year 10:27P
M	3. SEX 4. RACE 5. DATE OF BIRTH Sept. 3 6. AGE (In years light block 24 HRS.) MONTHS DAYS HOURS MIN 7 = 3 - 5 - 5 1905 63 1905 19
pers. 72 hours	70. BIRTHPLACE (Stote or foreign Country) Maryland 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH COUNTY OF DEATH Cecil M
event, within	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Union Hospital 120. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before address) Union Hospital 131. CITY OR TOWN 132. CITY OR TOWN 133. CITY UNIXITS? 134. STREET AND NUMBER 135. COUNTY Cecil 136. TOWN 137. CITY UNIXITS? 138. STREET AND NUMBER 139. COUNTY Cecil 130. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 130. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 136. STREET AND NUMBER 137. COUNTY Cecil 138. COUNTY Cecil 139. COUNTY Cecil 130. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 130. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 130. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 130. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 130. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 130. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 140. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 150. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 150. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 150. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 150. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 150. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 150. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 150. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 150. USUAL OCCUPATION (Kind of work done during most of
1	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Joseph H. Gorrell Clara I. Rea
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war or doles of service) 16b. SOCIAL SECURITY NO. 212-01-7538 Mrs. Beulah E. Gorrell Address R. D. 2 North East, Md.
director, page 3 shauld be detached for use as the burial-tronsit permit. Then please rema shauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause (b) CAYCINDMO OF Prostate extension to brain DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21d. ACCIDENT WAS UNDERLYING 21d. HOW INJURY OCCUPPED. (Flore parties of injury in Road Log Part 2 Ison 18)
state Dept. at near	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote at work at wark at wark at wark County Co
	22a. I certify that (I) (this haspital) attended the deceased fram 6-22, 1964, to 6-24, 1964, that (I) (we) los saw the deceased alive an 5-1964, and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN'S 22d. PHYSICIAN'S 22d. PHYSICIAN'S 22e. ADDRESS
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			110210		CERTIFICATE OF DEATH		08263
	= -2=		DECEASED-NAME First		Lgst .	20. DATE OF DEATH	2b. HOUR
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	by Bo		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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No. of Street, or other Persons, or other Person	ighin 2 y filled on pag within	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	NSTITUTION (If not in hospital 120. USUA during)	AL OCCUPATION (Kind of work done out of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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	the the de de ote [22a Leartify that	his haspital) attended the decea	sed from 2-10 , 19 6	9 to 6-19 19	(we) last
	Affred Af		saw the deceased	alive on 6-19	1969 and that in (my) (aur) api	nian death accurred an the da	te and haur and fram the
	OR:			ve, (I) (wg) (did) (did nat) view th	e bady after death.		
	reformation with with	1	200. SIGNATURE	3	DEGREE PHYS.	AED. STAFF	DATE SIGNED
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	TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 moy be retained by the hospital or TO FUNERAL DIRECTOR. After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	23	D. BURIAL, CREMATION, 23b. REMOVAL (Specify) AC 10	DATE 24.1969 ROMA	F CEMETERY OR GREMATORY	23d. LOCATION (City or Town) CHESTER Co.	PENNA (Stote)
		24	FUNERAL DIRECTOR	ADDRE	SS ELLE BUY 250. REC'D B	RY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08264 death. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Cecil a. STATE b. COUNTY ve carban papers. Pages 1 event, within 72 hours after MARYLAND haurs after Mary land Cecil
c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 Elkton E1kton d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled YES X NO Union Hospital R.D. NAME OF Middle First 4. DATE Last Manth Day Year DECEASED (Type or print) DEATH S SEX DATE OF BIRTH IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED 9. AGE (In years remave E GILL last birthday) Manths Davs Hours that the death certificate be exec and in any WIDOWED DIVORCED Dec. 16, 1886 82 Y Male White and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT physician a during mast af warking life, even if retired) INDUSTRY COUNTRY? Farmer Austria Farming 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, attending phy permit. Then Steven Hubis Unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates af service Mrs. Mary Hubis, Elkton, Md. 21921 No crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO far use as the t f Health priar tab stating the underlying cause WAS AUTOPS! PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECETED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) NO X this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, office bldg., etc.) Nat While at wark at wark O FUNERAL DIRECTOR: After 21. I certify that (1) (this hespital) attended the deceased fram. 1958 , ta 6/23 _, 1969, that (I) (we) last be retained 1969, and that death accurred at 10.30 M, from causes and an the date stated above saw the deceased alive an 22a. SIGNATURE/ 22b. DATE SIGNED STAFF PHYS. **ATTENDING** M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, shauld b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Burial 6/28/69 Sharps Cemetery Fair Hill 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE Funerals, tome for Elkton. Md.

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	law requires that the death certificate be executed nating physician. been signed by the attending physician and cample is the burial-transit permit. Then please remove calliant to burial, cremation, ar removal, and in any event			18. CAUSE OF DEATH (Enter on	ly one couse per li	ne far (a), (b), and (c).)				APPROXII	MATE INTERVAL DISET AND DEATH
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	the part	-	FIE					YES NO	CAUSE	OF DEATHS	105	
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	y b difference			22d. PHYSICIAN'S	0-1	100		22e. ADDRESS	IKECTOK -	PRITS.	16 JUIL	1101
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08273 08266 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month Yeor 69 LEMUS RIENZI B. 5:05m 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IE UNDER 1 YEAR birthday) DAYS 1-8-80 Male Negro executed within 24 haurs rsician and campletely filled in by please remave carban papers. Pour many event, within 72 hour 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Virginia USA WIDOWED [DIVORCED Cecil 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR qive street oddress)
Veterans Administration during most of working life, even if retired.) INDUSTRY Perry Point 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 186. COUNTY YES NO 2070 Thorpe St. Richmond Virginia 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost pe Walker Charles H. Sophia Lemus physician requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) removal, Yes 721-03-2582 VA Hospital, Perry Point, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY permit. IMMEDIATE (AUSE (a) Placeural effusion, massive right lung. b cremation, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove (b) Pulmonary congestion and edema bilateral. rise to immediate couse (o). attending physician. Arterioscherotic heart disease with stoting the underlying couse (d) myocardial fibrosis severe PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) has been Health priar ta far use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 🗌 4 may be retained by the haspital ar certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Year detached for the Dept. of F (If either, notify medical examiner) State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote TO FUNERAL DIRECTOR: After this While Mot while directar, page 3 should be should be filed with the Stat 22b. SIGNATURE 22c. DATE SIGNED ATTENDING ooney 6-6-69 PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Mooney, M.D VAH. Perry Point, Md. L. 230 BURIAL (REMATION, REMOVAL (Specify) 23b. DATE NAME OF CEMETERY, OR CREMATOR (Stote) 24. FUNERAL DIRECTOR

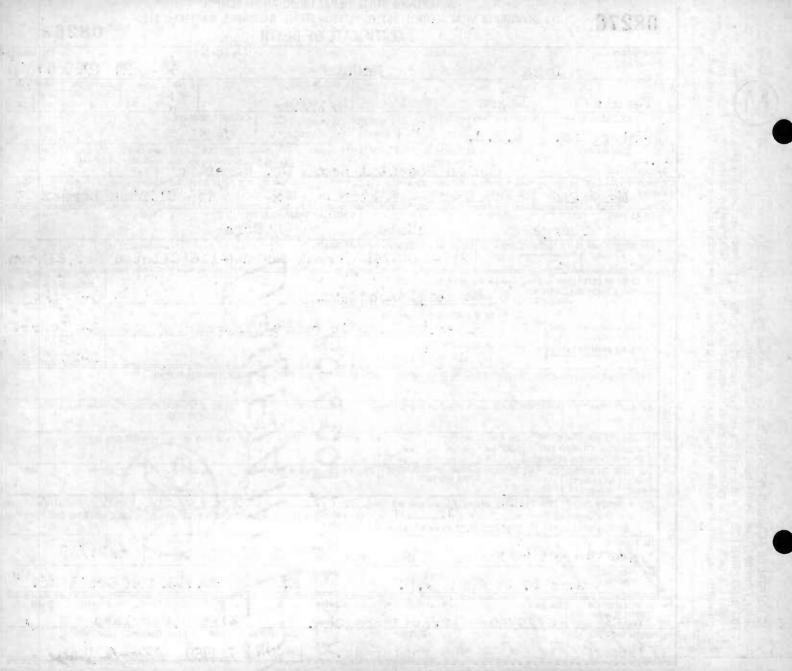
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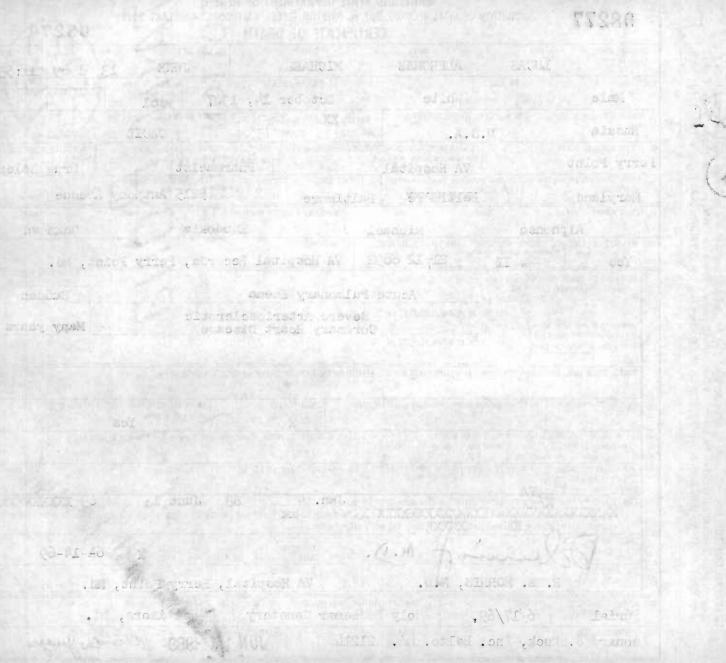
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ertificate be physician of en please oval, and is		WAS DECEASED EVER IN U.S. ARMEE (es, no, or unknown) (If yes give word	O FORCES? or dates of service)		Kenneth Mack	ey, RD 4 Box 22,	Elkton, Md.
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O HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the 9		22b. SIGNATURE	ord Epp	m. R	E PHYS. MEE	22c. 1	oate signed une 11, 1969
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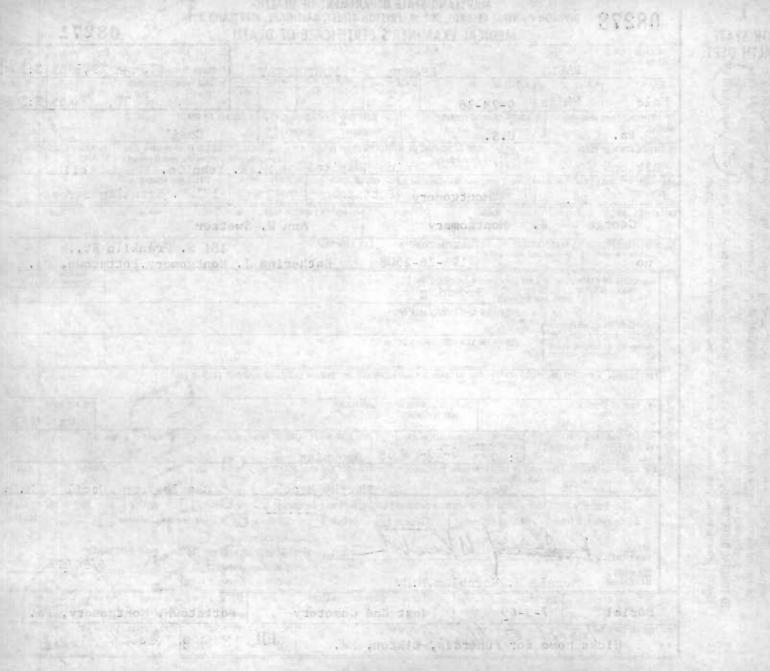
MARYLAND STATE DEPARTMENT OF HEALTH 08277 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08270 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR death. after death uneral and (Type or print) LUCAS JUNE ALPHONSE MICHAEL 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) MONTHS HOURS Male White October 14. 1907 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED KKNEVER MARRIED countrussia U.S.A. WIDOWED | DIVORCED | CECIL 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
VA Hospital INDUSTRY Drug Sales during most of working life, even if retired.)
Pharmacist Perry Point 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY BATETMOTE odmission) STATE Maryland YES X 5215 Anthony Avenue Baltimore requires that the death certificate be execu and in any 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Alphonse Ewudokia Michael. Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown)
Yes [(II yes give war or dates of service) remayal, 21712 8892 VA Hospital Records, Perry Point, Md. PPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Pulmonary Edema Sudden 0 IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Severe Arteriosclerotic Conditions, if ony, which gove) burial-transit Many years Coronary Heart Disease rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been priar ta use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO T detached far use te Dept. af Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at wark of work 220. I certify that M/(spix hospital) attended the deceased fram Jan. 4 , 19 68 , to June 13 MOKYAWIKIKAKIK, 69 91 director, page 3 shauld shauld be filed with the couses stoted obave, MX(we) (did)XXXXXXX view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. M. I 64-14-69 DEGREE DIRECTOR 22d. PHYSICIA 22e. ADDRESS NAME (Type) R. E. MORRIS, M.D. VA Hospital, Perry Point, Nd. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) PEMOVAL (Specify) 6/17/69. Holy Redeemer Cemetery Baltimore, Md. 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. REC'D BY REGISTRAR



08278 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08271 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Month 2b. HOUR Day Yeor (Type or Print) ESTI-2, and 3 to PM3. Page 30 DEATH MATED | June 29, 1969 3:304 PAUL. GEORGE MONTGOMERY ment 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR June Day 29 32 19 69 3:30 P Male White 9-28-36 YRS MARRIED NEVER MARRIED 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Office along with form country) DIVORCED [WIDOWED [Pa. Ceci1 U.S. State Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR 24 hours ofter deoth in Item 18. Give Page 10. CITY OR TOWN OF DEATH during most of working life, even if retired.)

M. E. Yohn Co. give street address) **INDUSTRY** Union Hospital E1kton oil 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER with death. 136/ COUNTY Montgomery odmission) STATE Pottstown 181 N. Franklin Street YES NO lond 2 ofter Middle 15. MOTHER'S MAIDEN NAME First Middle Lost 14. FATHER'S NAME First George R. Montgomery Ann U. Swetzer the Chief Medical Exominer's hours poges 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 181 N. APPEnklin St.. executed within (Yes. no. or unknown) (If yes give war or dates of service) 198-26-2508 Katherine J. Montgomery Pottstown, Pa. File no _= 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) event within BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gove rise to immediate cause (a). writing the word shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .= forworded to pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificote 0 removol CERTIFICATION used 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? 19a. DATE OF OPERATION WAS PERFORMED? YES NO [the certificate, pe should be 0 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOURAND cremotion, 3:00 P.M. Drowning CAUSE OF DEATH 21e. PLACE OF INJURY (At home, farm, street, City or Town 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. County State factory, affice building, etc.) FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK Murphy Beach Charlestown Water Cecil buriol, 220. I certify that I took charge of the remains described above, held on Autopsy k. Inspection Inquiry ond in my opinion Accident x Suicide Homicide | Undetermined monner deoth resulted from: Maturol couses CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6/30/69 DEPUTY MEDICAL EXAMINER mov **EXAMINER'S** 5 moy ro FUNE Health Ronald N. Kornblum, M.D. ADDRESS(Street, city, town, or county) NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BENOVAL (Specify) 7-3-69 West End Cemetery Pottstown. Montgomery. Pa. ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Minney Judge unerals, Elkton, Md. VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



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	he death certifico e attending phys. permit. Then ple tion, or removal, c	Y	(es, no, or unknown)	(If yes give war o	r dates of convice)	51-01-528		oh H. Muro	hu. (harlestown	n. M	d.	
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		24.	FUNERAL DIRECTOR	1.	2/16	ADDRESS	11 141		D BY REGIS	TRAR 25b. REG	ISTRAR'S	SIGNATURE	
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FOR STATE	08280 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08273
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for for		Md. 12b. KIND OF BUSINESS OR
hie 24 hours after dooth any dottil in 16m 18. Give Pages 1, 2, or niner's Office along with form PM? pages I and 2 with the State Departments offer dooth.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in pospital Taylor USUAL OCCUPATION (Kind of work dane I give street address Penind Manor Inn Taylor That of working life, even if retired.) Chespeake City M.D. Tinance	NDUSTRY MIQ.
or o	13g 11SHAL RESIDENCE (Where deceased lived if institution: Residence before 3c. CHY OR TOWN 136, WOLD CHY LIMITS? 113e, STREEL AND NUMBER	Mig.
aft 8. (0 olo.	odmission) STATE Delaware New Castle Newark YES NO D 600 Canbridge	Drive
hours after 18. Gifter olon Office olon I ond 2 with after death	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
4 5 0 0 5 J	Jeramiah Regan Rose	
ed within 24 in pencil in 11 Examiner's C	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
I with n people Exami	(Yes_no, or unknown) (WW 2 20165 of service) 207-12-4743 Margaret M. Regan Same	
ed in in t. Fi	1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" ii Medical permit.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory arrest during a convulsive	
ex f Me f Me it p	345 7 DUE TO, OR AS A CONSEQUENCE OF attack (Epilepsy) Conditions, if ony, which gave)	
d 'p d 'p Chie rrons y ev	rise to immediate cause (a), (b)	
should be e the word "pen to the Chief I buriol-tronsit in ony even	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
This certificate should be executed icote, writing the word "pending" in be forworded to the Chief Medical E. d be used as a buriol-transit permit. F. or removal, and in any event within	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
ficat ing ded as o l, or	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	
certif , writ orwor used movo	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his cote, ee for be u	WAS PERFORMED?	YES 🔣 NO 🗌
The iffice of be be all the core	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Iter PORT OF THE PRIMARY OF THE P	m 18.)
INER: The certification of the	CAUSE OF DEATH P.M. 19	C
MIP the the 3 le 3		Caunty State
DEPUTY OICAL EXAMINER: This certificate should be executed within 24 hours after death cessory, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, e funeral directar. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form may be retained for your files. FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Desolth prior to burial, cremation, or removal, and in any event within 72 hours after death.	WHILE AT WORK AT WORK AT WORK	
AL E executor. Part for TOR: For urial,	22a. I certify that I toak charge of the remains described obove, held an Autopsy k, Inspection , Inquiry , death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner [
ose ose recto sine REC fa b	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE CAMINER 22b. DATE SI	IGNED
EPUTY SSSORY, P funeral oy be r JNERAL Ith prio	EXAMINER'S RUSSell S. Fisher, M.D. DEPUTY MEDICAL EXAMINER 6/8	3/69
TO DEPUTY DICA necessory, please e the funeral director 5 may be retained TO Funeral DIRECT Health prior to bu	NAME (Type) ADDRESS(Street, city, town, or county)	
nece the 5 mc TO FU	Annania ta Ne s	(Caunty) (State)
		w Castle, Del
VR A15ME (5)	1	lay Judge
10A4 PEV 1 /68	THE DINTONERIE TITLE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2 /

CANADA CONTRACTOR OF THE STATE OF THE STATE

	1		IND STATE DEPARTMENT OF		
	00004	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	0.00
	08281		CERTIFICATE OF DEATH		08274
표 _ 2 표		First Middle	Last	2a. DATE OF DEATH	2b. HOUR
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fun fun	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
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haurs in by	7a. BIRTHPLACE (State ar fareign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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fille hin	IO. CITY OR TOWN OF DEATH		INSTITUTION (If not in haspital 12a. U	SUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
With with	CALVERY		MATRICK / L. KT.	most of working life, even if retired.)	INDUSTRY HERELT
be executed within 24 hours after death and completely filled in by the funeral serenove carban papers. Pages J and 3 in any event, within 72 hours after death	13a. USUAL RESIDENCE (Where de admission) STATE	ceased lived, if institution: Residence before 13b. COUNTY	e 13c. CITY OR TOWN 13d. INSIDE CIT	13e. STREET AND NUMBER	/
xer xer	14. FATHER'S NAME First	- Middle Last	15. MOTHER'S MAIDEN NAME	AN IN THE	
	MILL L	1 A 29 F MUR	PHU NORA		CHETT
ficate be ysician or please al, and ir	16a. WAS DECEASED EVER IN U.S.			Address	HUSAPEARE
requires that the death certificate g physician. n signed by the attending physician e burial-transit permit. Then pleas a burial, crematian, ar removal, and	Yes, no (or unknown) (1) yes	give war or dates of service) 216-20-	-1266 RUTH C	OKNECC CI	to Md
at the death cen the attending provisit permit. The matian, ar remo	18. CAUSE OF DEATH (Ente	er anly ane cause per line for the park. AUSED BY: MEDIATE CAUSE (a)	al vascuola raccider	at	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death physician. signed by the attendi burial-transit permit. burial, crematian, ar r	PART I. DEATH WAS CA	MEDIATE CAUSE (a)	at vascussa accitaci	10	years
affe d	4364	DUE TO, OR AS A CONSEQUENCE O			
that the d an. by the att transit pert crematian,	Canditians, if any, which go				
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equires that physician. signed by burial-tran	last.	(c)			
equires physici signed burial-t		CONDITIONS CONTRIBUTING TO DEATH BUT			Marking to the
the ring	Advance	ed senility Paralys	id of speech and ri	ight side.	
The law re attending has been se as the	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The hat	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER		YES NO		
AN: al ar icate for u Heal		LYING 21b. TIME OF INJURY DEATH HOUR A.M. Month Day Yea	21c. HOW INJURY OCCURRED (En	nter nature of injury in Part 1 or Part 2,	, Item 18.)
af faithful for the faithful for the faithful fa	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Manth Day Yearniner) P.M.	19		
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the this detection of the property of the prop	at wark at wark		- 10		
by fiter be by stat	22a. I certify that (I)	(this haspital) attended the decea	sed from June 68 , 19	, toJune 69 10	9, that (I) (we) last
FO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending for FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the should be filed with the State Dept. af Health priar ta	saw the decease	d alive an ave, (I) (we) (did) (did not) view th	_1965 and that in (my) (🕬) a	pinion death accurred on the d	late and haur and fram the
Share of the state	22b. SIGNATURE	A			. DATE SIGNED
OR be read where years and the second	vollage	Stemban	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	6 Jame 1969
ral al page page fille	22d. PHYSICIAN'S	Wallace Obenshain,	2220004 .00	017-	July 1900
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VR A15 (4)	24. FUNERAL DIRECTOR	ADDRE	SS ELKITY , 250. RECYD	BY REGISTION 1969. REGISTRAR	S SIGNATURE -
VR A15 (4) 45M - 1/69	YIPPINI -UN	EXALITO KENONO	4 Deld DATE		

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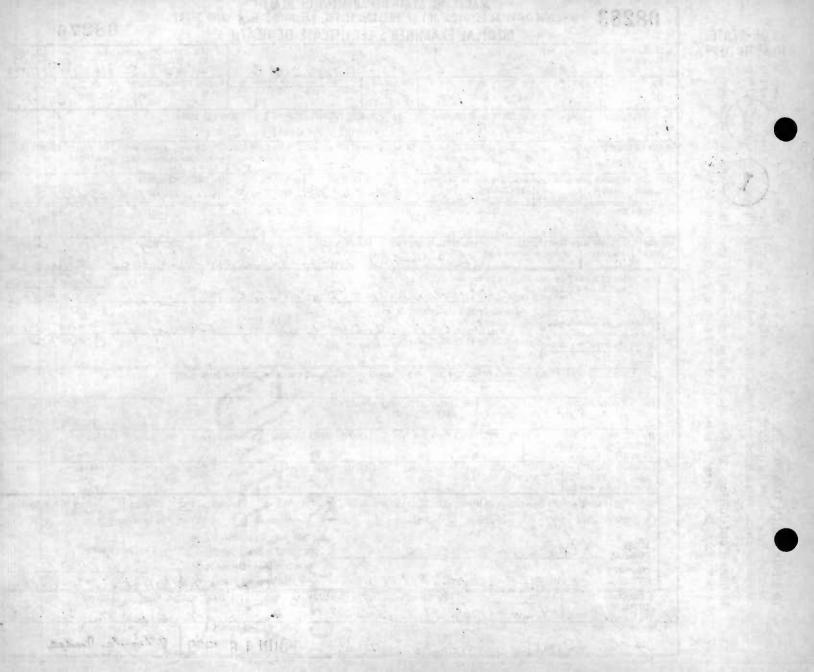
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		08282	DIVISION OF VITAL RECOK	CERTIFICATE OF DEAT		08275
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er deatl funeral fand er deatl	3. 5	Herber	4. RACE	Scruggs S. DATE OF BIRTH	June	10, 1969 5;45A M
offe of the	3. 3				6. AGE (In year: last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
by the Pages.	-	Male	White	January 2,		YRS.
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icate be executed within 24 hours after death sician and campletely filled in by the funeral please remave carban papers. Pages A and 2 and 1 and in any event, within 72 hours after death	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OF give street address)	R INSTITUTION (If not in haspital 120.	USUAL OCCUPATION (Kind of work of	one 12b. KIND OF BUSINESS OR
ban with	1	E1kton		pital	ng most of working life, even if retir Machinist	ed.) INDUSTRY Chrysler Corp
carl,	130	. USUAL RESIDENCE (Where decease	sed lived, if institution: Residence before	are 13c. CITY OR TOWN 13d. INSIDE	CITY LIMITS? 13e. STREET AND NUMBE	R
	M dan	nission) STATE Maryland	13b. COUNTY Cecil	Elkton YES	NO P.O. Box 8	52
d d c exe	14.	FATHER'S NAME First	Middle Las			
dan an in in		0	Come		Emma	Ogg
rian and		I. WAS DECEASED EVER IN U.S. ARI	MED FORCES? [16b. SOCIAL SECUR		Addre	
al, all			war or dates of service)	7224		
The law requires that the death certificate be executed attending physician. has been signed by the attending physician and cample se as the burial-transit permit. Then please remave can the prior to burial, crematian, ar remaval, and in any even.	=	NO CAUSE OF DEATH /Course			Records	APPROXIMATE INTERVAL
ding ren	31	PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), and D BY:	1 1 2 1	•	BETWEEN ONSET AND DEATH
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he at per		Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE		1	100.
the the mail		rise to immediate couse (o),	(D) C10~0~0~0			tonys.
trar cre		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE	£ 7. ()	1. 1. 1. 11	5.1
/sici		lost.	(c) Aller	then my	70 -10 -10 -1	ine 20.488.
phy phy sign bury		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
t he gen de t	N N					
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by je 3 shauld be detached far use as the burial-trained with the State Dept. af Health prior to burial, cre	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WA	S PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDI	NGS CONSIDERED IN CERTIFYING
The affe has	1	19.005		YES X NO	CAUSES OF DEATH?	
or or ure early		210. ACCIDENT WAS UNDERLYIN		21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Pa	rt 2, Item 18.)
まる 単型 単型 単型 単型 単型 を も の で も の に に の に の に の に の に の に の に の に の に の に の に の に の に に に の に に に に に に に に に に に に に	MEDICAL	OR CONTRIBUTING CAUSE OF DEA'	TH HOUR A.M. Manth Day Y	ear 19		
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PH his his Dep	200	While Not while at wark	OFFICE BUILDING, ETC.			
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Selection of the select	3	causes stated above	e, (I) (we) (did) (did not) view t	he bady after death.	, aprillation accompany	o date and naor and train the
AI AI AI		22b. SIGNATURE	0 / - 5/	1		22c. DATE SIGNED
OR OR OB 1 Se 3	1	Jacanto	a. Union	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	6/10/60
A AI	100	22d. PHYSICIAN'S NAME (Type)	2	22e. ADDRESS		112/27
Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate been signed by the attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 should be detached for use as the burial-transit permit. Then please remave carban page should be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72	19	NAME (Type)	olando A. Najer	a 105 E.	Main St. Elkton	, Md. 21921
UNI UNI Dulo	230	BURIAL CREMATION, 23b.		OF CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	
Page dire	23 9	REMOVAL (Specify)				, , ,
	24.	FUNERAL DIRECTOR	ADDR	Cemetery 2Sa. RE	Clinton, Tenr	RAR'S SIGNATURE
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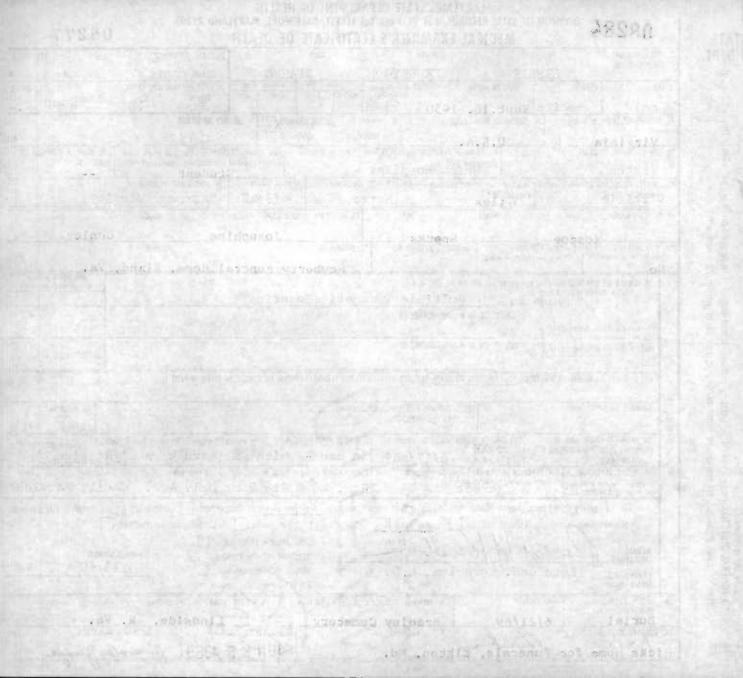
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	118283 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAKYLAND 21201	8276
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3216
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Do OF ESTI-	ay Yeor 2b. HOUR
of ge of	(Type or Print) HARRY L. SIMONS DEATH MATED 0 6 1	11 GALLAW
deloy is and 3 to 3. Poge ment of	3. SEX. 4. RACE S. DATE OF BIRTH 6. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Instrument In June 1 Hours Min. Months Days	2d. HOUR
	Months Day Prs. Min. Months Day	Year 1969 4 PM
po od	70. BIRTHPLACE (Stote or foreign 7b. CITYZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
T E Pa	GODAN LANGER & HA U.SA WIDOWED DIVORCED CECIL	Md.
Poges 1, 2, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 12a. USUAL OCCUPATION (Kind of work done 12	2b. KIND OF BUSINESS OR
de de	ELKYON give street address) N \$405 PCTAL during most of working life, even if retired.) IN	IDUSTRY
重量量量	130. USUAL RESIDENCE, (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
deoth deoth	1 admission) STATE MALGUARY 13b. COUNTY OF CIL CHES AREALOW, YES NO NOW HOLLY WOOD BY	EACH
	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
of of	Harry W. Simon Myrre	Phipps
thin 24 miner's pages I hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	11 / 1/01-
within pencil xomine ile pagi	(Yes, no, or unknown) (It yes give war or dates of service) 162-09-8090 Anna 7. Simar: Dunedin	FIG.
	18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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per lef lef l	Conditions, if any, which gove) WELPONIC CORONARY INSUFFICIENCY	SEVERAL
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retificate should be executed writing the word "pending" in rwarded to the Chief Medical E. sed os a buriol-transit permit. F. naval, and in any event within	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
This certificate cate, writing the be forwarded to be used as a large or a la	에게 하게 되었다.	
Wariting Name	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
for for	19a. DATE OF OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item	YES NO
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ER: certiff ould es. thoul	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 2 Id. INJURY OCCURRED 2 Ie. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
EXAMINER: ute the certii age 4 should your files. Poge 3 shoul	WHILE NOT WHILE factory, affice building, etc.)	
SICAL EXAMINER: se execute the cert ctor. Poge 4 should ned for your files. ECTOR: Poge 3 should buriol, cremotion,	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry ,	ond in my opinion
ical E) e executor. Pog ed for) crok: P	deoth resulted from: Notural couses Accident , Suicide , Hamicide , Undetermined monner	
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ULTY DOTY, Deer Bee	DEPUTY MEDICAL EXAMINER 🗸	11/64
o DEPUTY necessory, if the funeral 5 may be r 0 FUNERAL Health prii	NAME (Type) HENRY V.DAVIS MD ADDRESS(STREET) City fown property) EAICE	the MAD
necessory, please execute the funeral director. Page 4 5 may be retained for your for FUNERAL DIRECTOR: Page Health prior to buriol, crem	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMAIORY , 23d. LOCATION (City or Town) (C	Caunty (State)
	BEMOVAL (Specify) 19 June 1969 Arlington Cemeter Upper Darby Tu	un Della to
	24. FUNERAL DIRECTOR ADDRESS 2SO. REC'D-BY REGISTRAR 2Sb. REGISTRAR'S SIG	
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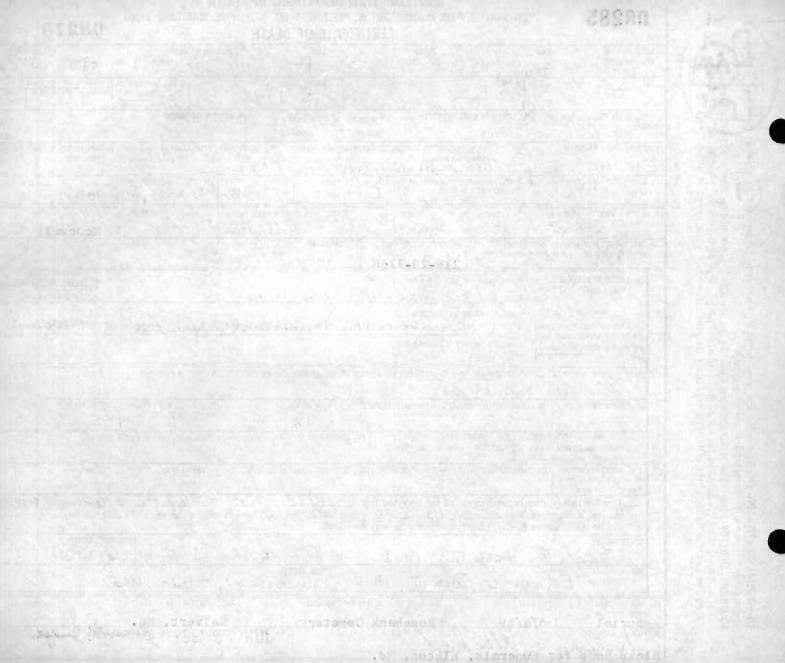
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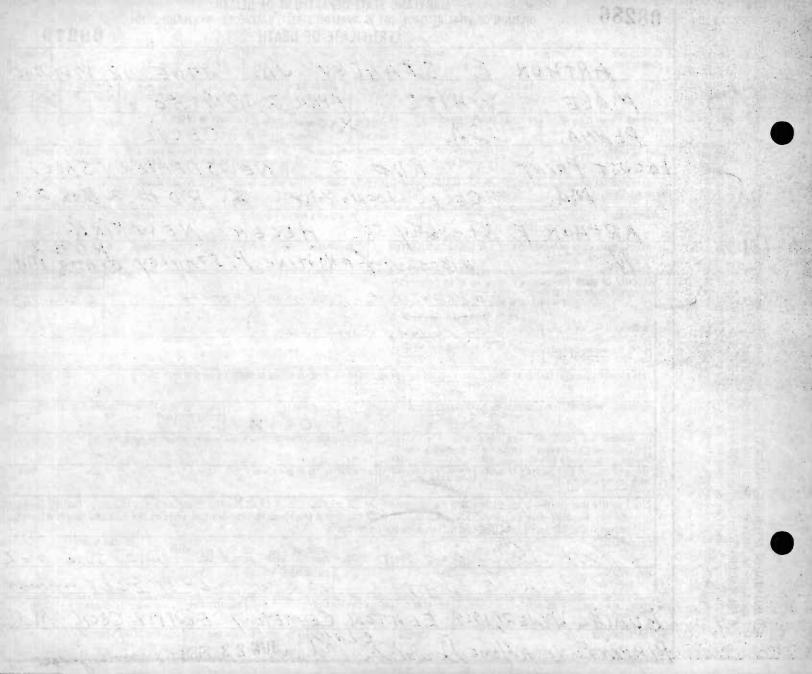
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FOR STATE		0828	4				NER'S								08277	
HEALTH DEPT.		ECEASED-NAME Type or Print)	Fire			Middle			Lost			20. DATE K OF DEATH /	NOWN	Month	Doy Yeor	2b. HOUR
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deloy and 3 M3. Po	3. SE		4. RACE	S. DATE C			 AGE (In years last birthday) 		OAYS	IF UNDER 24 HOURS	MIN.	2c. DATE PR Month	ONOUNCED	DEAD Doy 18,	Yeor	12:50
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ath any deloy ogges 1, 2, and 3 th form PM3. Pa	count	trv)			S.A.	OIVIKT:		DOWED [RCED	7. 000	Cec				Md.
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offer death - Give Page along with with the Star		E1kton					spital				S	working lif	t		INDUSTRY	V = 19
24 hours ofter death in Item 18. Give Pages 1, r's Office along with form es Lond & with the State De rs after death.		USUAL RESIDEN	CE (Where deced	osed lived, if i	institution:	Residence		rows	136	YES NO		13e. STREET	OWS,		rinia	
hours Item 13 Offlice I ond 2		ATHER'S NAME	First		1es Aiddle		Lost		ER'S MAIE	DEN NAME	First	Hall	Mid		lo	st
24 hour in Item r's Offigers 1 after rs after			Donosa			Spark				Jose	enh i	ne			Conley	
hin 24 nicil in niner's poges hours		WAS DECEASED EV	ER IN U.S. ARMED	FORCES?	16b. S	SOCIAL SECU	RITY NO.	17. INFORMA	ANT	000	- PALL		ADDRES			
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be executed within "pending" in pencil nief Medicol Examine ansit permit. File pogevent within 72 hou		IB. CAUSE OF	DEATH (Enter o	nly one couse ED BY:					-						BETWEEN ONSE	
be execute "pending" ief Medicol insit permit		215	IMMED	NATE CAUSE (o)	D, OR AS A		le Tra	uma cı	c In	Jurie	S	11.0	37.7			
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should e word o the Ch		stoting the un	iote couse (o), iderlying couse		O, OR AS A	CONSEQUEN	ICE OF	£1200	124	OHS)	3	7.30	12.0	, ith	1000	
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EXAMINER: TI cute the certifico oge 4 should by r your files. Page 3 should I, cremation, or		WHILE N		foctory, office b			1001,				7 a1			. , Ce	ecil, Ma	
m 5 0 7 7 7 M	-		certify that I				scribed obo	ve, held or	Auto	psy X7,	Ins	pection [], Inc	uiry [, ond in r	ny opinion
Se execute to the second to th			sulted from:				cident XX,		-	Homicide	· 🔲,	Undete	rmined r	nonner		
pleose e I director retained I DIRECT		ACTUAL	1/	0 1/	11/	. 1	l			F MEDICAL E		-				
ory, period priod priod		SIGNATURE _	Dans	ald N.	Vanab	1	MD	M		STANT MEDICAL		MINER K		22b. DATE 6/1	18/69	
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To the the Fee Hee	230.	BURIAL, CREMA	TION, 23t	b. DATE		23c. NAM	NE OF CEMETER	Y OR CREMA	ATORY		23d.	LOCATION (City or Tow	n)	(County) (Stote)
		REMOVAL (Spec Burial		5/21/69)	Bra	dley (emete	ry	lor	DM 55		ide,		Va.	
VR A15ME (5)	100	ELINERAL DIRECT	16 6	Shie	ku	/	ADDRESS			25o. REC'D					SIGNATURE	
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-0. 1		08285		5, 301 W. PRESTON STREET, BAL		
		110200		CERTIFICATE OF DEATH	TIMORE, MARTERIED 21201	08278
deoth.		ECEASED-NAME First Type or print) Man	Middle S.	Spratt	2a. DATE OF DEATH Manth Day	Great 2b. Hour
within 24 haurs after death ely filled in by the unext ban papers. Pages luna within 72 hours after death	3. SI	F.	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR 1F UNDER 24 HRS. MONTHS DAYS HOURS MIN
24 haurs d in by pers. P	can	BIRTHPLACE (State or foreign ntry)	7b. CITIZEN OF WHAT COUNTRY? $\cup S \cap$	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	Md
Kecuted within 24 ho campletely filled in nove carban papers.	1 6	CITY OR TOWN OF DEATH	give street address)	. A Coul Co. during r	JAL OCCUPATION (Kind of wark dane nast of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
cample ove car	13a. adm	USUAL RESIDENCE (Where decease issian) STATE.	ed lived, if institution: Residence before 13b. COUNTY	13t. CITY OR TOWN 13d. INSIDE CITY	LIMITS? 130. STREET AND NUMBER NOE RD#3, BOX	100A-
attending physician and campletely filled in by the permit. Then please remove carbon papers. Pages ian, ar removal, and in any event, within 72 hours of		FATHER'S NAME First 120 West	Middle Surit		-act-	McDowel1
artificate physicic en plea oval, an	160.	100	ar or dates of service) 219–28–7	768 Hap. 16	Address	
leath ce ending mit. Th		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIA	y one cause per line far (a), (b), and (i) BY: Out (a) With (a) Kingstone (b)	() projetareling		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 - SPUCIAL
requires that the death certificate be executed g physician. n signed by the attending physician and cample burial-transit permit. Then please remove can burial, crematian, ar removal, and in any event		Canditians, if any, which gave rise to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE O	leabir mycard	il infantron	7-10day
Waician ysician yrial-tra		last.	DUE TO, OR AS A CONSEQUENCE O		V	
w required by the physical phy	NOI	Distutes	mecita	NOT RELATED TO THE TERMINAL DISEASE OR		
The lor attender a see as lith prior	CERTIFICATION	-	CONDITION FOR WHICH OPERATION WAS F	YES NO		es,
SICIAN: spital a prificate ed far ed far	MEDICAL C	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin	HOUR A.M. Manth Day Yearner) P.M.	r 19	er nature af injury in Part 1 ar Part 2, i	tem 18.)
G PHY: the har this ce detach	W	at wark at wark		ACTORY.) 21f. LOCATION Street ar R.F.D. No		Caunty State
FOR SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificated may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 shauld be detached far use as the burial-transit permit. Then physicianly be filed with the State Dept. of Health priar to burial, crematian, ar removal,		22a. I certify that (I) (this sow the deceased al causes stated above	s haspitol) ottended the decea live on(C	sed fram	inian deoth occurred on the do	te ond hour ond from the
L OR Al be reto DIRECT DIRECT Sign 3 sh		22b. SIGNATURE Except E	. Lock in M	DEGREE PHYS.	22c.	DATE SIGNED 2/2/69
OSPITA o 4 may NNERAL ctar, po	22		ar E. FOLKIT,		p., Elkim, ind	
TO HO Page TO Fu direc	230.	BURIAL, CREMATION, REMOVAL (Specify) Burial Funepal Director		F CEMETERY OR CREMATORY Ank Cemetery S 250.* 1610A	23d. LOCATION (City or Town) Calvert Md.	(Caunty) (State)
VR A15 47	H	Nacht Co.	Dicks unerals. Elkton.	DATE	BY REGISTRANS 969 25b. REGISTRANS	The state of the s

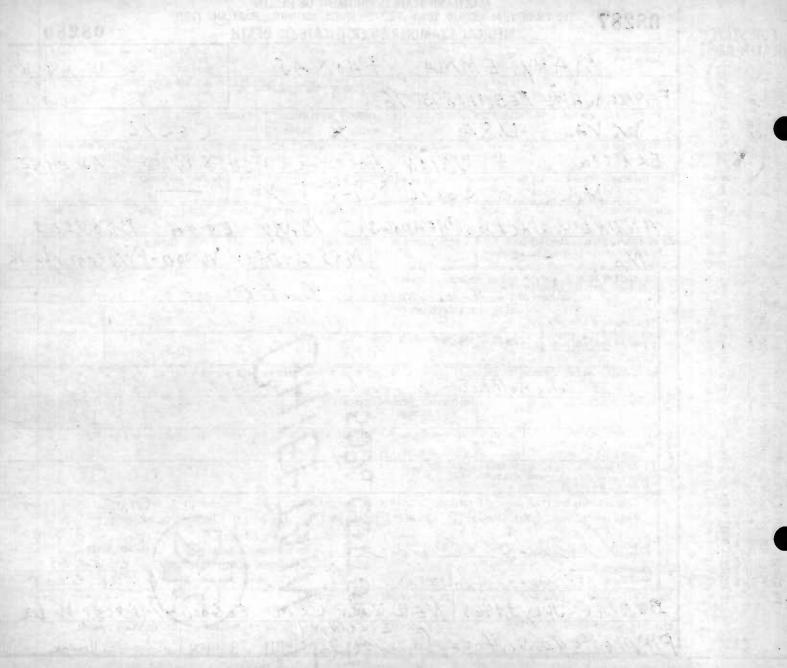


MAKYLAND SIAIL DEPARIMENT OF HEALTH - 08286 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08279 DECEASED-NAME First Middle 20. DATE OF DEATH ond 2 deoth. 2b. HOUR executed within 24 hours after death funeral (Type or print) buriol-transit permit. Then please remove carbon papels. Pages 1 buriol, cremotion, or removol, and in ony event, within 72 hours after 3. SEX 4. RACE 6. AGE (In years I UNDER I YEAR IF LINDER 24 HRS lost birthdoy) MONTHS DAYS HOURS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED [completely filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working INDUSTRY 100UST 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY LOCUST POIN 14. FATHER'S NAME Middle Lost Middle pup MOTHER'S MAIDEN NAME First Lost physician a requires that the deoth certificate INFORMANT« Address Yes, no, opunknown) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND OFATT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) METASTATIC ADENO CHRCINOM A DUE TO OR AS A CONSEQUENCE OF the Conditions, if ony, which gove) Fram rise to immediate couse (a). signed by 1 DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) ottending hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 detached for use TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 moy be retained by the hospital ar 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Nat while of work TO FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased fram JAO 1969 to Present 19 19 69, and that in (my) (our) apinian death accurred an the date and haur and fram the saw the deceased glive an 14 50ne causes stated abave, (1) (we) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. DEGREE PHYS. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1969 30M REV. 1/68-



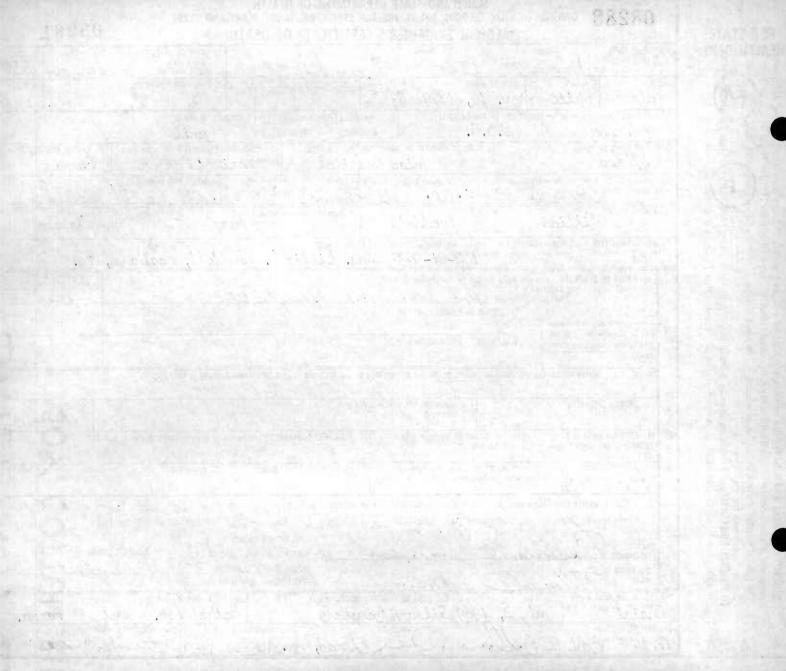
	1 08287 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	8280
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month Doy	Yeor 2b. HOUR
is o e	(Type or Print) MARV EMMA + HOMAS DEATH MATED C 30	19 69 12150
deloy is and 3 to A3. Poge	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUF
pm3.	FEMALE WHITE FEB. 11,1893 76 YRS. MONTHS DAYS HOURS MIN Manth Day	Year 1965 122577
g 0	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH :	110) 11001
form form	COUNTRY) WIDOWED DIVORCED CEC/L	
Rages vith for	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b.)	KIND OF BUSINESS OR
D 1 > D 2	ELKTON give street address ON HOSPITAL during most of working life, even it retired.) INDUS	TRY HERES
5 .≥\ o 7 .	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13 CLTY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	4 Miller
0 % o	admission) STATE MC 13b. COUNTY dec/C 774 YES NO -	
hours Item 18 Office Iond2	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
24 h in Ith r's O r's O ss lc	ANDREW JACKSON MEADOUS MARV ETTA BRO	VLES
hin 24 ncil in niner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	1.0
within pencil Exomine File pag	(Yes, notor funknawn) (If yes give war or dates of service) MRS AUDREY WOOD - PRINCE	= 1000 W. Va
ed v in il Ey	18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in iief Medicol E onsit permit. F event within	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterioscleratic Heart Disease	YE 215
e execut pending of Medic sit perm	4123 DUE TO, OR AS A CONSEQUENCE OF	
be ''pe ''pe hief onsi	Conditions, if any, which gave rise to immediate cause (a), (b)	
word word the Charles Triol-tre	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
S & D :	lost. (c)	
7 0 0	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	1- Diohetes Mellitus 2. Frecture Left Hip	
uis certific te, writin farword se used a	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item 18	2D. AUTOPSY?
This ficate, be fa	WAS FENTONMED!	YES NO
d b		.)
XAMINER: T te the certific 3e 4 should b your files. oge 3 should cremation, or	CAUSE OF DEATH P.M. 19	
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, while not white factory, office building, etc.)	unty State
	AT WORK L AT WORK L	
Y xe y y y y y y y y y y y y y y y y y y	22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry,	and in my apiniar
DEPUTY SICA SICASSORY, please e e funeral director moy be retained FUNERAL DIRECT	deoth resulted from: Natural causes [2], Accident [3], Suicide [3], Homicide [3], Undetermined manner [3]	
please direct direct DIRECT DORECT TO 100 TO	CHIEF MEDICAL EXAMINER	
ry, ple eral di be reth RAL D prior	SIGNATURE / SUCCESSION ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNE	D
PU SSOF	EXAMINER'S	
O DEPUTY necessory, p the funeral 5 may be ro O FUNERAL Health prio	NAME (Type) / Illman D Johnson (7-0) ADDRESS (Street, city, town, or county) Elitton,	Cecil
10 th	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Coun	ty) (Stote)
	DEWOODS FOR JULY 3, 1969 NEW ZION CEM ELGOOD - MERCE	R. M. Va
VR A15ME (5)	24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNAT	
10M REV. 1/68	PIPPINFUNERA (FORE Dual 18 De. 1911) 3 1969 Milanday 9	udge .

MAKILAND STATE DEPARTMENT OF MEALIN



	118288 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0000
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08281
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month	Day Yeor 2b. HOUR
is ta to	(Type or Print) Thorse ? C. Tunddell DEATH MATED [6	24 1964 1230
delay 3	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years 1 UNDER 1 YEAR 16 UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
9 2 E	Male White Nov. 16, 1879 89 Honday) MONTHS DAYS HOURS MIM. Manth Day	Year 19/5 /240M
22,23	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED TINEVER MARRIED TO 9 COUNTRY OF DEATH	37 17 77
es 1, farm te De	(ecil	Md.
death e Pages with far	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 1	2b. KIND OF BUSINESS OR
005	Elkton give street address Union Hospital during most of working (Te exempt retired.)	NOUTENING
offer and offer	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	1
N - 1	admission) STATE Penna 136. COUNTY Del. Co. Boothurgon YESK NO - 38.5 Fault	Road
haurs Item 1 Office I and after d	14. FATHER'S NAME William Middle Twaddell IS. MOTHER'S MAIDEN NAME First Middle	III , Last
2 5 5	William Twaddell Mary	Webster
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
I within pencil Examine Examine File pagi	(Yes, na, or unknown) (If yes give war or dates of service) 182-01-5637 Mrs. Lillie Z. Twaddell, Boothwyn,	Pa.
ed v in T. Es	1B. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
be executed "pending" in iief Medical E: insit permit. Fi event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteries cleratic Heart Disease	LA =
e execution pending set Medic	4123 DUE TO, OR AS A CONSEQUENCE OF	7.5673
be "pe	Conditions, if any, which gave rise to immediate couse (a). (b)	
ward ward the Ch rial-tra	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
2 5 ± '= _	lost. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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nis certifi tte, writiri farward se used a	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
E = 0 0 - 0	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY Of LIRRED (Finter nature of injury in Part 1 or Part 2 Item	YES NO Z
= 0 = .		n 18.)
KAMINER: T te the certifica ge 4 should b yaur files. age 3 shauld crematian, ar	CAUSE OF DEATH P.M. 19	
33 + 5 6	City di Tawii	County State
	WHILE NOT WHILE TOCTORY, OTTICE BUILDING, etc.)	
ICAL E executar. Paged far CTOR: Fundal,	220. I certify that I taok charge of the remains described obove, held an Autapsy , Inspection Inquiry	and in my opinion
DE COLOR	death resulted fram: Natural causes Accident , Suicide , Hamicide Undetermined monner	
JTY SIC, ry, please e eral directar be retained RAL DIRECT priar to bu	CHIEF MEDICAL EXAMINER	
y, ple eral di eral di sal Di priar	SIGNATURE / COMPANY CONTROL ASSISTANT MEDICAL EXAMINER 22b. DATE SI	GNED
Sary Sary by be	EXAMINER'S	-19-69
o DEPUTY necessary, please e the funeral directar 5 may be retained 0 FUNERAL DIRECT	NAME (Type) / / man / Johnson 4.1) ADDRESS(Street, city, tawn, or county)	Die etima
10 10 10 He		County) (State)
	British July 2, 1969 Silvamn Cemetery Bethel Twp. Del	Penna.
100 115 15 15	24. FUNERAL DIRECTOR 250. REGISTRAR 256. REGISTRAR	GNATURE
VR A15ME (5) 10M REV. 1/68	PIPPIN FUNERAL HONE Llower de Elkton, Marie 7 1969 (Charles	by Joseph

MAKTLAND STATE DEPARTMENT OF HEALTH



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					ID STATE DEPARTM			
2			08290	DIVISION OF VITAL RECORDS,			MARYLAND 21201	00000
		99	110230		CERTIFICATE OF	DEATH		08283
خ	2.4	1. DE	CEASED-NAME First	Middle	Last	2a. DATI	E OF DEATH	2b. HOUR
to eat	and 2 death.	(1	ype ar print) HEL	EN J	WILLIA	2000 6	Month & Day	69 Year 3: ceph
5	funeral I and er deat	3. SE		4. RACE	S. DATE OF BI		6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
The state of the s	288	J. JL	T	W			last birthday)	MONTHS DAYS HOURS MIN
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bou	(4 XI)	cour	IRTHPLACE (Stote or foreign try)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MAR	KKIED	OF DEATH	
24	P 200		" MAP.	4.5.17		RCED 🗌	CECIL	Md
.5	po hin	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If nat in haspital		TION (Kind of work dane king life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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9	lete cort	13a.	USUAL RESIDENCE (Where decease	ed lived, if institution: Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? 13e	STREET AND NUMBER	
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xe	nd cc emo any	14. F	ATHER'S NAME First	Middle Lost	15. MOTHER'S M	AIDEN NAME First	Middle	Lost
9	in a n	10	COLBERT	B166	* KA	TIE		BOOTS
ė e	lease randin	160	WAS DECEASED EVER IN U.S. ARI			116	Address	CITY
je	is en			rar or dates of service) 2/5-22-34		E R. W14	LHAMECH	ESAPPRATE XI
e Ti	signed by the attending physician and obtained the burial-transit permit. They please femburial, cremotion, or removal, and in any		NU I		- / - /		, ., .,	APPROXIMATE INTERVAL
- F	attending p permit. The ion, or remo		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), and (c)	.)	//_		BETWEEN ONSPY AND DEATH
eot	attendi permit. ion, or r		IMMEDIA	TE CAUSE (0) MASSIVE	CEREBRA	- L- HETYLE	PHACE	4- Haers
Ф	aff on,		4122	DUE TO, OR AS A CONSEQUENCE OF				
# £	the sit profit		Conditions, if any, which gave rise to immediate cause (a),	(b) CARONICT	TY PERTEN SI	DECVDES	ENSE	SVELDE
the	on		stating the underlying cause (a),	DUE TO, OR AS A CONSEQUENCE OF				YEARS
es icio	l bed l		last.	(c)				
Aurices the	signed by the burial-tronsit burial, cremot	7	PART 2. OTHER SIGNIFICANT COI	NOTIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINA	L DISEASE OR CONDITION	GIVEN IN PART 1(a)	
~ De de								
The law re	as the prior to	TION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20g. AUTO	DPSY? 20°	b. IF YES, WERE FINDINGS (ONSIDERED IN CERTIFYING
te d	Sol da	FICA			YES [CA	USES OF DEATH?	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. be retained by the hospital or ottending physician.	icate hos been for use as the Health prior to	CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF INJURY			injury in Part 1 or Part 2,	Item 181
NA P	fical for He		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Month Doy Year		COUNTED TENTO HOLOIG OF	injory in rust 1 of rust 2,	1011 10.)
Sities	ed ed of	MEDICAL	(If either, notify medical exami		9	. 0.50 11	en v	County State
S PHYSICIA	och ept	_	While Mot while	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	(CTORY,) 21f. LOCATION Street	et ar K.F.D. No.	City ar Tawn	County State
± 0 ±	det de t	17	OI WOIK OI WOIK			20	P. C.	10
ž à	fter Stori		22a. I certify that (I) (th	is haspital) attended the decease	ed from	, 1920, 10	FUNED, 19	67, that (I) (we) las
ed and	He he		saw the deceased a	live an (did) (did not) view the	19 G and that in (m	iy) (aur) apinian dea	ith accurred an the de	ate and haur and fram the
T E	100 th		22b. SIGNATURE	s, (1) (we) (ulu) (use flot) view file	body difer deam.		220	DATE SIGNED
Te A	3 s wi		ZZD. SIGNATURE	Ned mi	DEGREE PHYS	NG MED.	STAFF C	16/10
	og e		and pure states	The state of the s	DEGREE PHYS.	, , , , , , , , , , , , , , , , , , , ,	☐ PHYS. ☐ €	77/69
SPITAL OR ATTENDIN	po be f		22d. PHYSICIAN'S NAME (Type)	D. V. DANS	22e. AU	SIFTENDES	V-0.41.	M.
TO HOSPITAL Poge 4 mov	TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use as the should be filed with the Stote Dept. of Health prior to	- 1	7. 4.	7 (1)1100		TILSHICH	recty	10
0 HO	director, should be	23a.	BURIAL, CREMATION, 23b. REMOVAL (Specify)		CEMETERY OR CREMATORY	23d. LOC	CATION (City or Town)	(County) (State)
5	500	15	011112	-111-69 BET	MAL	CA.	ESHIEMARE	. //
	VR A15 (4)	24.	FUNERAL DIRECTOR	and of form ADDRESS	6115/HY	2So. REC'D BY REGISTRA	0.000	
	30M REV. 1/68	1.	T. POARDFU	YERAL KIME C	HESAPEAKE	DATE UN 1 1	1969 PCLO	rlas Judako .

